

License No. Assigned: Class: Deposit Date: DEPARTMENT OF PUBLIC SAFETY Amt. Deposited: By: **LICENSING & INSPECTION UNIT** 164 STATE HOUSE STATION AUGUSTA, ME 04333-0164 Telephone: (207) 624-7222 or 7221 Fax: (207) 287-3424 PRESENT LICENSE EXPIRES APPLICATION FOR CERTIFICATE OF APPROVAL **EFFECTIVE JULY 1, 2008** Certificate of Approval – Malt Liquor\$1000.00 **Check Payable: Treasurer State of Maine** The undersigned hereby applies for a certificate of approval for selling, transporting and shipping into the State of Maine liquors to the Maine wholesale licensees in accordance with the provisions of **Title 28-A**, section 1361, MRS as amended. ALL QUESTIONS MUST BE ANSWERED IN FULL 3. Telephone Number: _____ Fax Number: _____ 4. Busines Street Address: 5. Federal I.D. #: 6. List all corporate officers or partners, if a partnership: PRINT CLEARLY DOB NAME:

DEPARTMENT USE ONLY

| | director, or stockholders of said corporation ration, which is the holder of a wholesale li WINE | | |
|---|---|------------------------------|-------------------------------------|
| | rectly giving aid or assistance in the form of e of any sort, to any person, association, or o NO | | |
| thorized to distribute products of that | oval shall file with his application a list giving the certificate holder and designating the exclusive licensees outside of the exclusive territory so all | territory assigned to each v | wholesaler within the State. Whole- |
| NAME | DDIATE CLEAD | | DRESS |
| | PRINT CLEAR | LI | |
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| | RITORY FORM AND /OR ADDITIONAL I LER AND PRODUCTS OR BRAND THEY N | | |
| Documentation of primary source mu | st be included with this application for every bra | and registered. | |
| Application must be accompanied by | label registration application or, if renewal, a re | registration of each label | is required. |
| | esale licensee to purchase alcoholic beverages from supply" means the distillers, the bottler, the brev | | |
| 11. Do you intend to maintain sp | pecial in-state storage warehouse facilities? | YES | NO |
| If answer is yes, please che | ck the appropriate space, complete the follow | ving section and enclose r | equired additional fee. |
| Certificate of Approval | for in-state storage warehouse, Malt Only | y | \$600.00 |
| Certificate of Approval | for in-state storage warehouse, Table Win | ne | \$600.00 |
| Certificate of Approval | for in-state storage warehouse, Spirituous | s Only | \$600.00 |
| 12. Address of Maine ware | ehouse: | | |
| Street: | City/Town: | Zi | p Code: |
| Telephone Number: | Fax Number: | | |
| Name of manager or person | n in charge: | | |
| | Print C | · | |
| Dated at: | on Month/Day _ | | 20 |
| Signature(s) or Applicant(s) or | Corporate Officer | Print Na | ame |
| Signature(s) or Applicant(s) or | Corporate Officer | Print Na | ame |